STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967903	R **08/02/2018**
NAME OF PROVIDER OR SUPPLIER **ALL SENIORS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2706 PIONEER ROAD** **ORLANDO, FL 32808**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to the re-licensure Survey was conducted on 8/2/2018. All Seniors Assisted Living Facility with Limited Mental Health (LMH), License #11853 had no deficiencies at the time of the visit.